2110	co	4
SP-020 Form No. Med. 1 Rev. 7/01	EPARTMENT OF CORRECTION	NHSF-M
Priority / Week -	CONSULTATION	NHSPIW HILLS
Name: Walf C	raves Certificat	e Number
Date of Birth	24/1946 Jurisdiction	on
9/9/07 Lh. Date grandered Person requesting	Marder (DT)	2823
PURPOSE OF CONSULTATION Brief summary of patient's	(Please Print) Yeels ductory,	nutitional Consult
condition and specific question for consultant. TO BE COMPLETED BY PHYSIC	as) NIOOM - Oclses &	issher diet.
Couse " stonach	cranps". We fried	a due to
I have exclused	ricord of his for	of ittel
also copies of his	estues - as 186	2/04 Ne sele
only and sixe &	shis Mr. Un. C.	oberson requesting consultation,
To:	2. Clinic (V. Timulty a	(3/0)
CMC/ dieta	by dest by Stevelylles	368-33 45 (agrand)
Consultant's name CONSULTANT'S NOTES:	west neds See atta	the their - 8/0 left
Findings: Noted polyphanmacy - Food	long interactions may committed	e to GI complaints. Wisq 5/31
TSTATE NO 65 Cray. Ret children bread	winds when he dosen't ext to a water nutritival Balance be med duarace with his st	LACKINY . LACKINY .
	HER MICH DUARRE WITH his ST Spicy. I was FINE WITH	
The said that be a sound		
Diagnostic Impression: つん のまし	5 10" + AT slowching HT upset Associated with prests	Cro wegas 10-3 -15 Florid
Connect BMI of 21 11	s decestes purpos weight her	THE, TELL AGREEMANCE.
Recommendations: Balance K	oslen diet 2000-25-00 (18	25-16) To roug protein.
Will Filling	AUG 3 1 2007 AUG 3 1 2007	service to descus goods +
Distribution: Return first two copies	Muste Signat	ure of Consultant and Title
immediately with patient. CONSULTANT RETAIN LAST COPY!	The same of the sa	DEFENDANT'S EXHIBIT

White Copy - Medical Records Yellow Copy - MD Pink Copy - Outpatient Nutrition Clinic